

Dental Plans



Helpful tip: Find a list of providers for State of Texas Dental ChoiceSM or the HumanaDental DHMO at <https://our.humana.com/ers/> or by calling HumanaDental at (877) 377-0987, TTY: 711.

State of Texas Dental Choice

This is a preferred provider organization (PPO) dental insurance plan.

- You can see any provider, but you will pay less if you see one who is in the HumanaDental PPO.
- Benefits are available in the United States and Canada, and Mexico if you live in the United States.



HumanaDental Dental Health Maintenance Organization

This is a dental health maintenance organization (DHMO) dental insurance plan.

- Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DHMO network dentist in your area.
- You must select a primary care dentist (PCD) from a list of approved providers. You and your enrolled dependents can choose different primary care dentists.
- Services from participating specialty dentists cost 25% less than the dentist's usual charge.



State of Texas Dental Discount PlanSM

This is not a dental insurance plan.

- You receive discounted prices – 20% to 60% off – on usual charges for dental treatment and services at participating providers.
- There are no claim forms, copays, deductibles, annual maximums or limits on use.



Dental discount plan features

Plan Features	Dental Discount Plan	Dental Insurance
Claim forms and paperwork	—	✓
Copays	—	✓
Deductibles	—	✓
Annual maximums	—	✓
Limits on use	—	✓
Savings on cosmetic services	✓	—

Dental insurance plans comparison chart

	HumanaDental DHMO ¹	State of Texas Dental Choice Plan SM Preferred Provider Organization (PPO) Administered by HumanaDental Insurance Company	
Dentists	You must select a primary care dentist (PCD). NOTE: Not all participating dentists accept new patients. Dentists are not required to stay on the plan for the entire year.	In-network/ participating dentist	Out-of-network/ non-participating dentist ²
Deductibles	None	Preventive-Individual-\$0; Family-\$0 Combined Basic/Major -Individual-\$50; Family-\$150 Orthodontic services-no deductible	Preventive-Individual-\$50; Family-\$150 Combined Basic/Major -Individual-\$100; Family-\$300 Orthodontic services-no deductible
Copays/ coinsurance	Primary dentist - Copays vary according to service and are listed in the "Schedule of Dental Benefits" booklet. Specialty dentistry - You pay 75% of the dentist's usual and customary fee. DHMO pays nothing.	Preventive and Diagnostic Services - You pay nothing. Basic Services - You pay 10% coinsurance after meeting the Basic Services deductible. Major Services - You pay 50% coinsurance after meeting the Major Services deductible. You will not be charged for anything over the allowed amount. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. ³	Preventive and Diagnostic Services - You pay 10% coinsurance after meeting the Preventive and Diagnostic deductible. Basic Services - You pay 30% coinsurance after meeting the Basic Services deductible. Major Services - You pay 60% coinsurance after meeting the Major Services deductible. You may be required to pay the difference between the allowed amount and billed charges. After you reach the Maximum Calendar Year Benefit, you pay 60% until January 1. ³
Maximum calendar year benefit	Unlimited	\$1,500 per covered individual (includes orthodontic extractions)	\$1,500 per covered individual (includes orthodontic extractions)
Maximum lifetime benefit	Unlimited	\$1,500 per covered individual for orthodontic services	\$1,500 per covered individual for orthodontic services
Average cost of cleaning / oral exams	Vary according to service and are listed in the "Schedule of Dental Benefits" booklet Up to two cleaning/oral exams per calendar year allowed	You pay nothing. Up to two cleaning/oral exams per calendar year allowed	10% of the allowed amount after deductible is met Up to two cleaning/oral exams per calendar year allowed
Orthodontic coverage	Orthodontic services performed by a general dentist listed in the directory with an "O" treatment code – child - \$1,800, adult - \$2,100 Orthodontic services performed by specialist – You pay 75% of his/her usual fee. DHMO pays nothing.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount.	Orthodontic services are only available to dependents age 19 or younger. You pay 50% of the allowed amount. You may be required to pay the difference between the allowed amount and billed charges.

NOTE: The comparison chart is a summary of the benefits offered by the two dental insurance plans. See plan booklet for actual coverage and limitations. Prior to starting treatment, discuss with your dentist the treatment plan and all charges.

¹ This comparison chart reflects participant responsibility for services received from participating primary care dentists only. Services from participating specialty dentists are 25% less than the dentist's usual charge.

² In the State of Texas Dental Choice Plan PPO, deductibles and annual maximums are per calendar year. Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.

³ Services received after the maximum calendar year benefit is reached will be paid at 40% coinsurance by the plan.